

PLACE OF BIRTH

1. County of Narvafo
District of _____
Town of Taylor
or _____
City of _____

NAME ADDED BY SUPPLER

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 530
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Lila Rose Wakefield (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 7. Date of birth Mar 27 1926
Month Day Year

8. FATHER
Full name Erastus S. Wakefield
9. Residence (Usual place of abode) Taylor
If nonresident, give place and state _____

10. Color or race White 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) St Johns
(State or country) Arizona

13. Occupation
Nature of industry Section Foreman

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 9
(b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER
Full maiden name Hannah Ida Hancock
15. Residence (Usual place of abode) Taylor
If nonresident, give place and state _____

16. Color or race White 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Willard City
(State or country) Utah

19. Occupation
Nature of industry House Wife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Max Garvie E Perkins
(Physician or midwife)
Address Shumway Arizona

Given name added from a supplemental report _____
Month, day, year, _____
Registrar. _____
Filed April 12 1926 _____
Local Registrar. _____
County Registrar. _____

364-327-882